

ROCKWOOD / ST. LOUIS AREA MASTERS
SNOWBALL EXPRESS 2001
MEET INFORMATION

Location

Marquette Senior High School. 2351 Clarkson Road located at Clarkson and Wilson Road. From Highway 40, take the Clarkson Road Exit South. Travel approx. 1.5 miles south to Wilson. Marquette High School is located on the West Side of Clarkson.

Time

Saturday, February 24th, warm-ups will begin at 12:00 p.m.; meet will begin at 12:30 p.m. Sunday, February 25th, warm-ups will begin at 7:30am; meet will resume at 8:00am.

Eligibility

Persons over nineteen years of age are welcome. Participants **must** have a USMS registration number or completed application to participate. USMS application forms will be available at the meet. All levels of swimming ability are **welcome**.

Conduct

The 2001 USMS rules will govern the conduct of the meet. All events will be timed finals. Events will be seeded by time. Participants will be limited to **Five Events per Day (Six for the Meet)** excluding relays. Relays will be deck entered. Results will be submitted for top ten consideration.

Entry Date

In order to be seeded in the proper heat, entries must be received by February 10th, 2001 (**Please be as accurate as possible in your seed times**). Deck entries will be accepted, however, only where heats are incomplete.

Social

Those interested; we will be having a social for meet participants following the Saturday session. More information will be available at the meet.

Facility

The pool is an 8 lane, 25-yard pool, equipped with non-turbulent lane lines. If possible, 6 lanes will be used for competition, with one outside lane available for swim down and one lane available for starts.

Fees

Fees are as follows:

Meet entry fee: \$20.00 for entire meet

Out of Town Information

Hotels and dinning are located nearby.

Hampton Inn – (314) 537-2500

Residence Inn – (314) 537-1444

Double Tree – (314) 532-5000

Meet Director:

Janet Criscione

314-849-7428

jcrisci329@aol.com

Sanctioned by Ozark Association for USMS Inc.

Sanction #4452

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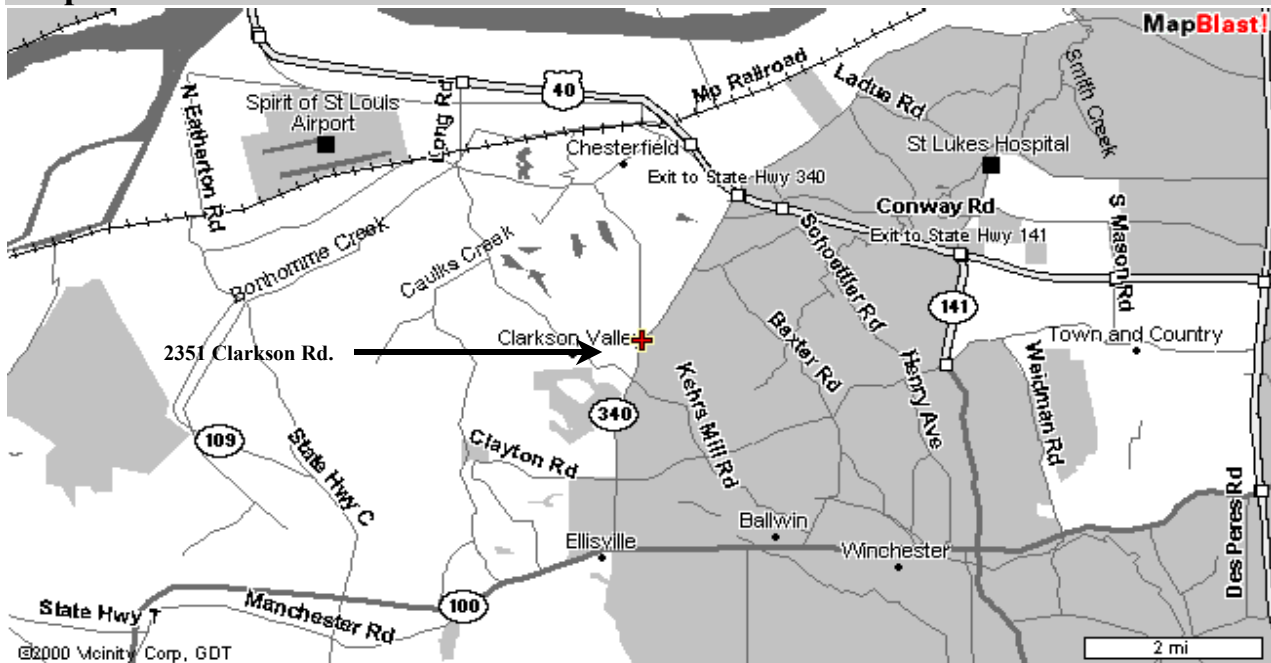
Events Schedule

Saturday's Event List (1-11)

Sunday's Event List (12-22)

| M | EVENT | M | EVENT |
|----|-----------------------------|----|-----------------------------|
| 1 | 500y Freestyle | 12 | 1000y Freestyle |
| | 20 Minute Break | 13 | 1650y Freestyle |
| 2 | 100y IM | | 20 Minute Break |
| 3 | 50y Backstroke | 14 | 50y Butterfly |
| 4 | 200y Breaststroke | 15 | 100y Backstroke |
| 5 | 100y Butterfly | 16 | 200y Freestyle |
| 6 | 200y Freestyle Relay | 17 | 200y Medley Relay |
| 7 | 50y Breaststroke | 18 | 200y Butterfly |
| 8 | 100y Freestyle | 19 | 100y Breaststroke |
| 9 | 200y Backstroke | 20 | 50y Freestyle |
| 10 | 400y IM | 21 | 200y IM |
| 11 | 400y Medley Relay | 22 | 400y Freestyle Relay |
| | | | |

Map to Pool



**ROCKWOOD / ST. LOUIS AREA MASTERS
SNOWBALL EXPRESS 2001
SATURDAY FEBRUARY 24 & SUNDAY FEBRUARY 25, 2001
SANCTIONED BY OZARK ASSOCIATION FOR USMS INC.
SANCTION #4452**

PLEASE RETURN THIS ENTRY FORM WITH FEE BY FEBRUARY 10, 2001

USMS Reg. No. _____

(USMS membership required for all participants. Forms will be available the day of the meet or call 314-849-7428)

Name (As it appears on USMS Registration Card.)

First: _____ MI: _____ Last: _____

Street: _____

City: _____ State: _____ Zip: _____

Sex (M/F): _____ Date of Birth: _____ Age _____ Club: _____

Home Phone: () - - Business Phone: () - -

| | Day (Sat/Sun) | Event Number/Description | Seed Time |
|----------|--------------------------|---------------------------------|------------------|
| 1 | | | : : . sec |
| 2 | | | : : . sec |
| 3 | | | : : . sec |
| 4 | | | : : . sec |
| 5 | | | : : . sec |
| 6 | | | : : . sec |

Release from Liability: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledged that I am aware of all of the risks inherent in Masters Swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIV ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, ST. LOUIS MASTERS SWIM CLUB INC., ROCKWOOD SWIM CLUB, MEET SPONSERS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES, AS A CONDITION OF MY PARTICIPATION IN MASTERS SWIMMING. In addition, I further agree to abide by and be governed by the rules and regulations f USMS.

Date: _____ Participant: _____

Please enclose the following with this meet entry:

- 1) **CHECK:** For \$20.00, payable to **St. Louis Masters Swim Club.**
- 2) **COMPLETED** Registration form with your USMS Registration Number. (If you are not currently registered, you may fill out a USMS application at the meet).

MAIL TO: Janet Criscione, 9814 Schelde Drive, St. Lois, MO 63126 (email: jcrisci329@aol.com)